

**UTAH DEPARTMENT OF PUBLIC SAFETY  
REQUEST FOR ACCIDENT REPORT RECORDS**  
PO Box 30560 Salt Lake City UT 84130-0560

**(This form shall be used by all persons making requests for accident reports)**

Please type or print all information

<b>Name of requester</b> _____	<b>Daytime telephone:</b> _____
<b>Organization (if any)</b> _____	<b>Date of request:</b> _____
<b>Mailing address:</b> _____	<b>Date of accident:</b> _____
_____	<b>Name of Driver:</b> _____
_____	<b>Case # (if any)</b> _____

☐ Fee of \$ 5.00 enclosed.

**CERTIFICATION OF REQUESTER**

Utah Code Annotated, 41-6-35 classifies written accident reports filed by peace officers as "protected." The department shall disclose copies of accident reports only to the following:

- ☐ A person involved in the accident, excluding a witness to the accident;
- ☐ A person suffering loss or injury in the accident;
- ☐ An agent, parent, or legal guardian of a person involved in the accident. An agent is a person's attorney, insurer, or any other individual or entity with written permission from the person to receive the person's written accident report;
- ☐ A licensed private investigator;
- ☐ A state, local, or federal agency that uses the accident report for official governmental, investigative, or accident purposes;
- ☐ A member of the press or broadcast news media. **Note:** Information provided to a member of the press or broadcast media is restricted.

**Before releasing an accident report (protected record), evidence of the requestor's identity and eligibility to receive the report shall be obtained.**

_____ (Date)	_____ (Signature of person receiving accident report)
	_____ (Print or type full name)

COMMENTS: \_\_\_\_\_  
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